

Release/Hold Harmless

I agree to release Georgetown Ice Center from all claims, actions, causes of actions, damages by the undersigned person, their parents/guardians, and for loss or injury resulting from the participation of such person in this program. I further agree to indemnify and save harmless such parties from all claims, actions, damages or demands including all costs and expenses incurred in defending any such claims or actions. ANY PARTICIPANTS WHO CAUSE DAMAGE WILL BE SUSPENDED FROM THE LEAGUE AND THE GEORGETOWN ICE CENTER WITH NO REFUND. I have read the release and understand that this is a full final release of all claims for injuries and damages sustained in Georgetown Ice Center and understand the responsibilities I have assumed there under.

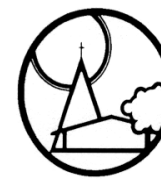
Parent's Signature

Date

Georgetown Ice Center
8500 48th Avenue
Hudsonville, MI 49426
(616) 662-2800 * fax (616) 669-1132

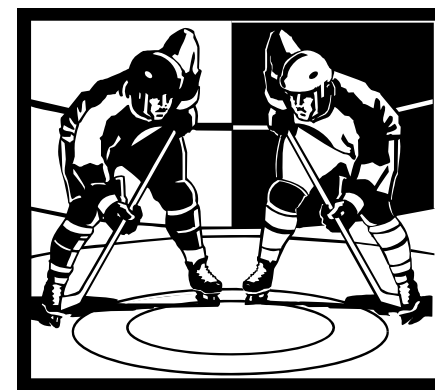


Georgetown Ice Center
8500 48th Avenue
Hudsonville, MI 49426



Georgetown Ice Center

“FUN”damental Hockey Clinics Ages 9 – 12



**Fall, Winter and
Spring Sessions
2009 - 2010**

“FUN”damental Hockey Clinic Format

This instructional based developmental format focuses on:

- Fun and playing enjoyment
- Development of proper:
 - Skating and Puck Skill Techniques
- Basic Team play
- Competitive Small Area Games designed to teach...
 - Game Sense
 - Instinctive play
- Competitive (non-check) full ice games

Player / participants:

- Enter as an individual
- Participate in skill evaluations
- Organized into teams after evaluations

“FUN”damental benefits:

- Matching uniforms included.
- 2 hours of set ice time per week:
 - 50 min. for games
 - 50 min. for practice

Requirements:

- Full equipment
- Each player & parent must sign code of conduct

**Joel M. Breazeale • Hockey Director
Georgetown Ice Center**

8500 48th Avenue
Hudsonville, MI 49426
(616) 662-2800 * fax (616) 669-1132
jmbhockey@sbcglobal.net

Clinic Schedule

Session #1

October 7, 2009 – November 28, 2009

Session #2

December 2, 2009 – February 3, 2010

Session #3

February 6, 2010 – March 31, 2010

Practices:

- Wednesdays ~ 7:00-7:50pm
- Saturdays ~ 1:00 – 2:00pm
- Schedule subject to change

Session Fees:

\$218.00 per session

(Due prior to first class)

All 3 Sessions \$545.00

(\$100.00 deposit & 3 equal payments due on
10/7/09, 12/2/09, 2/6/10)

Payment Schedule

The applicable deposit is due with this registration. The remaining balance due is payable in full or if enrolled in all 3 sessions in three equal installments due on the first day of each session.

Players who do not pay as agreed upon will not be permitted to skate until the account has been paid in full.



“FUN”damental Hockey Clinics

Player's Name: _____

Parent's Name: _____

Address: _____

E-mail: _____

City, State, Zip: _____

Home Phone: _____

Age: _____ Birth Date: _____

Playing experience:

(Check those that apply)

- ☐ Learn to Play
- ☐ Cross Ice
- ☐ FUNdamentals

Payment Choices:

- ☐ Check or Money Order Enclosed
 - Paid in Full - \$218.00
 - Deposit - \$100
- ☐ MasterCard/Visa
 - Paid in Full - \$218.00
 - Deposit - \$100

_____ Exp: _____

*Please complete the information on the back for
valid registration.*